

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

586  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

## FOR OFFICE USE ONLY

Postmark Date: 11-15-00

LS  
# 8035  
\$10.00  
KSD

1001710

1. NAME White George Jr E  
Last First MI

2. BUSINESS PHONE N/A  
(A) 504-895-0488

3. BUSINESS ADDRESS \_\_\_\_\_  
Street and No. City State Zip

MAILING ADDRESS 1205 Jefferson Ave New Orleans, LA 70115  
Street and No. City State Zip

4. EMPLOYER N/A

5. EMPLOYER'S ADDRESS N/A  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Avondale Industries, Inc (Lit Ton Avondale Industries)  
Address PO Box 50280 New Orleans, LA 70150-0280  
Business or purpose Shipbuilding

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of 11/10/2000

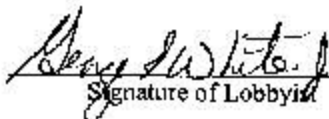
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2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
☐ New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
☐ New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
 \_\_\_\_\_  
 Signature of Lobbyist